

SALARY GARNISHMENT

STD. 639 (REV. 5-94)

**Reference Payroll Procedures
Manual Section H 300**

DOCUMENT NUMBER

NOTE: SUBMIT ORIGINAL AND ONE COPY TO STATE CONTROLLER'S GARNISHMENT UNIT

1. AGENCY NAME		4. POSITION NUMBER <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;">(Agency)(Unit)(Class)(Serial)</div>			
2. SOCIAL SECURITY NUMBER	3. NAME				
5. EFFECTIVE DATE	6. ACTION TYPE <div style="display: flex; justify-content: space-between; align-items: flex-start;"><div><input type="checkbox"/> NEW</div><div><input type="checkbox"/> MODIFICATION OR CORRECTION OF ITEM</div><div><input type="checkbox"/> CANCELLATION OF GARNISHMENT ORIGINAL EFFECTIVE DATE</div></div>				
7. PAY FREQUENCY <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> MONTHLY</div><div><input type="checkbox"/> SEMI-MONTHLY</div><div><input type="checkbox"/> BIWEEKLY</div></div>					
8. GARNISHMENT TYPE A. <input type="checkbox"/> COURT ORDERED ASSIGNMENT OF WAGES (ONGOING SUPPORT) (FC 150 et seq., 5200 et seq. or PC 3088) <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>\$ _____ (Monthly Amount)</div><div><input type="checkbox"/> DEDUCTION AMOUNT CHANGED FROM \$ _____</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>\$ _____ (Deduction Amount per Pay Period)</div><div><input type="checkbox"/> EMPLOYEE HAS OTHER DEDUCTIONS PER FC 150 et seq., 5200 et seq. or PC 3088</div></div>					
B. <input type="checkbox"/> EARNINGS WITHHOLDING ORDER FOR SUPPORT - ARREARAGES (CCP Section 706.030, 706.052, and 706.070 et seq.) (including FTB Child Support Collection Program, Revenue & Taxation Code 19271)					9. TOTAL GARNISHMENT AMOUNT \$ _____
C. <input type="checkbox"/> CERTIFICATION OF FACTS-- FEDERAL TAX LEVY (GC 926.8) (1) NUMBER OF DEPENDENTS (Must be at least one for employee) _____ (2) STANDARD DEDUCTIONS <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"><div><input type="checkbox"/> 1 - SINGLE</div><div><input type="checkbox"/> 3 - MARRIED FILING SEPARATELY</div></div> <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"><div><input type="checkbox"/> 2 - MARRIED FILING JOINTLY</div><div><input type="checkbox"/> 4 - HEAD OF HOUSEHOLD</div><div><input type="checkbox"/> 5 - SURVIVING SPOUSE</div></div>					\$ _____
D. EARNINGS WITHHOLDING ORDER FOR STATE TAXES (CCP 706.072) <div style="margin-top: 10px;"><input type="checkbox"/> STATE TAX LIABILITY (Including FTB Registration Collection Program, Revenue & Taxation Code 10878)</div> <div style="margin-top: 10px;"><input type="checkbox"/> UNEMPLOYMENT INSURANCE (UI Code 1755)</div>					\$ _____
E. <input type="checkbox"/> EARNINGS WITHHOLDING ORDER (CCP 706.125)					\$ _____
10. <input type="checkbox"/> SUM OF ALL AMOUNTS DUE AND OWING THIS AGENCY BY DEBTOR FOR SALARY ADVANCES OR FOR ANY OTHER PURPOSE					\$ _____
11. COMPLETE ONLY IF COURT SPECIFICALLY STATES (<i>May only be completed with 8B, 8D, and 8E</i>)					
A. <input type="checkbox"/> TERMINATION DATE OF EARNINGS WITHHOLDING ORDER (NOT APPLICABLE TO 8D) _____ B. <input type="checkbox"/> MAXIMUM GARNISHMENT AMOUNT DEDUCTIBLE PER MONTH \$ _____ C. <input type="checkbox"/> SUPPORT EXEMPTION AMOUNT \$ _____ D. <input type="checkbox"/> SPECIFIC AMOUNT TO BE DEDUCTED PER MONTH \$ _____					
12. WARRANT TO BE MADE PAYABLE TO (Enter Levying Officer File Number for warrants payable to Sheriff's Office or Marshal's Departments (8B and 8E above). All others, enter Case Number.) <div style="display: flex; align-items: center; margin-top: 5px;"><div style="flex: 1; border-bottom: 1px solid black; margin-right: 5px;"></div><div style="font-size: x-small;">Levying Officer File Number / Case Number.)</div><div style="flex: 2; border-bottom: 1px solid black; margin-left: 5px;"></div></div> <div style="margin-top: 10px;"><div><input type="checkbox"/> TREASURER OF THE UNITED STATES</div><div style="border-bottom: 1px solid black; margin-left: 250px;"></div><div><input type="checkbox"/> STATE OF CALIFORNIA FRANCHISE TAX BOARD</div><div style="border-bottom: 1px solid black; margin-left: 250px;"></div><div><input type="checkbox"/> OTHER: INDICATE NAME SHOWN ON COURT ORDER, WRIT, LEVY. (Include address if pursuant to FC 150 et seq., 5200 et seq. or PC 3088)</div><div style="display: flex; align-items: center; margin-top: 5px;"><div style="flex: 1; border-bottom: 1px solid black; margin-right: 5px;"></div><div style="font-size: x-small;">(Include address if pursuant to FC 150 et seq., 5200 et seq. or PC 3088)</div><div style="flex: 2; border-bottom: 1px solid black; margin-left: 5px;"></div></div></div>					
13. REMARKS					
14. FORM COMPLETED BY		TELEPHONE NUMBER		15. PAYROLL INFORMATION CERTIFIED IN ACCORDANCE WITH B/C RULE 660 AUTHORIZED SIGNATURE	
				DATE	